

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,300.00

**Complete if Known**

Application Number	10/713,486
Filing Date	November 14, 2003
First Named Inventor	HOWARD S. DAVID
Examiner Name	Dare, Ryan A
Art Unit	2186
Attorney Docket No.	081674-0294374

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	270.00	= 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time / RCE

Fees Paid (\$)

1,300.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,468	Telephone	213.488.7253
Name (Print/Type)	Mark R. Kendrick	Date	January 7, 2009		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
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**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x 270.00 = 0.00

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Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time / RCE

**Fees Paid (\$)**

1,300.00

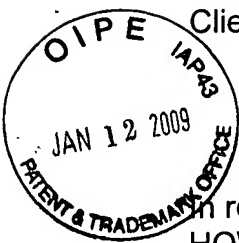
**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,468	Telephone	213.488.7253
Name (Print/Type)	Mark R. Kendrick	Date	January 7, 2009		

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Client Reference: P15159



In re PATENT APPLICATION of:  
HOWARD S. DAVID

Application No.: 10/713,486

Group Art Unit: 2186

Filed: November 14, 2003

Examiner: Dare, Ryan A

For: PARTIAL BANK DRAM REFRESH

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith is an amendment/response for this application.

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for a two-month extension of time under 37 C.F.R. 1.136.

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA			RATE		ADDIT. FEE	
TOTAL	34	- 34	= 0	X	\$	52.00	=	\$	0.00
INDEP.	11	- 11	= 0	X	\$	220.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$	390.00	=	\$	0.00
TOTAL ADDITIONAL CLAIM FEE								\$	0.00
REQUEST FOR CONTINUED EXAMINATION FEE								\$	810.00

EXTENSION OF TIME FEE \$ 490.00

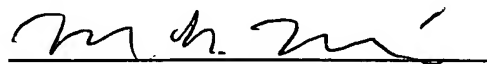
GRAND TOTAL \$ 1300.00

### FEE PAYMENT

Authorization is hereby made to charge the amount of \$1300.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: January 7, 2009

PILLSBURY WINTHROP SHAW PITTMAN LLP  
725 South Figueroa Street  
Suite 2800  
Los Angeles, CA 90017-5406  
213 488.7253



MARK R. KENDRICK  
Reg. No. 48,468

### CERTIFICATION UNDER 37 C.F.R. §§ 1.8 and/or 1.10\*

(When using Express Mail, the Express Mail label number is *mandatory*; Express Mail certification is *optional*.)

I hereby certify that, on the date shown below, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: January 7, 2009

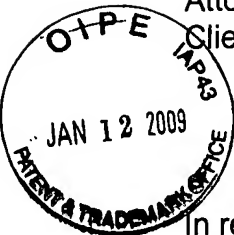
  
Signature

MARK R. KENDRICK

(type or print name of person certifying)

\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Attorney's Docket 081674-0294374  
Client Reference: P15159



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re PATENT APPLICATION of:  
HOWARD S. DAVID

Confirmation Number: 9195

Application No.: 10/713,486

Group Art Unit: 2186

Filed: November 14, 2003

Examiner: Dare, Ryan A

For: PARTIAL BANK DRAM REFRESH

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**AMENDMENT/RESPONSE TRANSMITTAL**

Transmitted herewith is an amendment/response for this application.

**EXTENSION OF TIME**

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for a two-month extension of time under 37 C.F.R. 1.136.

**FEES**

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	34	- 34	= 0	X \$ 52.00	= \$ 0.00
INDEP.	11	- 11	= 0	X \$ 220.00	= \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 390.00	= \$ 0.00
TOTAL ADDITIONAL CLAIM FEE					\$ 0.00
REQUEST FOR CONTINUED EXAMINATION FEE					\$ 810.00

EXTENSION OF TIME FEE \$ 490.00

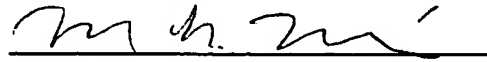
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